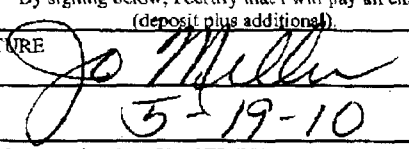


AO 435 (Rev. 03/08)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER					
Please Read Instructions:					
1. NAME JO MILLER		2. PHONE NUMBER 936 339 4400		3. DATE 5-19-10	
4. MAILING ADDRESS 505 N. MAIN		5. CITY CONROE		6. STATE TX	7. ZIP CODE 77301
8. CASE NUMBER H-08-1273	9. JUDGE ATLAS		DATES OF PROCEEDINGS 10. FROM 3/9/10 11. TO 3/9/10		
12. CASE NAME			LOCATION OF PROCEEDINGS 13. CITY HOUSTON 14. STATE TX		
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> United States District Court <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> Southern District of Texas <div style="text-align: right;">FILED</div>					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input checked="" type="checkbox"/> OPENING STATEMENT (Plaintiff)		3/9/10			
<input checked="" type="checkbox"/> OPENING STATEMENT (Defendant)		3/9/10			
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		3/9/10		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)		3/9/10			
<input checked="" type="checkbox"/> OPINION OF COURT		3/9/10			
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				SETTLEMENT ANNOUNCEMENT	
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL <small>(Includes Certified Copy to Clerk for Records of the Court)</small>	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	PREVIOUSLY REQUESTED BY DAVID HALPERN & FILED 5/7/10 ON 14 DAY EXPEDITED REQUEST (ATTACHED)	
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	
18. SIGNATURE 				<input type="checkbox"/> EMAIL ONLY REQUIRED <input checked="" type="checkbox"/> EMAIL AND HARD COPY REQUIRED	
19. DATE 5-19-10				<input type="checkbox"/> EMAIL ADDRESS: j.miller@jomillerlaw.com	
20. TRANSCRIPT TO BE PREPARED BY ERO				COURT ADDRESS 515 RUSK HOUSTON, TX 77002	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	